TO OLDEC 2005

10/544260

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence and correspondence address, and citizenship, are as stated below next to my name and signature.

I believe I am the original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled A SURGICAL KIT FOR HEMIARTHROPLASTY HIP REPLACEMENT, the specification of which is was filed on 3 August 2005, and accorded serial number 10/544,260.

I hereby state that I have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to above.

! acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

Priority Claim: I hereby claim priority under 35 U.S.C. § 119, § 120, § 121, and/or § 365 as applicable to the following application(s): GB 0302459.3, filed 3 February 2005; PCT/GB2004/000406, filed 3 February 2004.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith: Bradley N. Ruben, Reg. No. 32,058; at Bradley N. Ruben, PC, 463 First St., Suite 5A, Hoboken, New Jersey 07030-1859; phone 201-239-0707 (fax 201-239-0734; email: mail@rubenpatent.com).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful faise statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful

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	faise statements may jeopardize the validity of the application or any patent issued thereon.
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